

Influenza Vaccination QI Fund Project

The purpose of the 2008 Influenza Vaccination QI Fund Project is to assess and improve the influenza vaccination rate for members who were identified as having asthma, diabetes, cardiovascular disease and age 65 and older, who are at a greater risk of complications from influenza. A random sample of these high risk members was selected for each IPA. The 2008 goal was a Network rate of $\geq 46\%$.

The 2008 Influenza Vaccination QI Fund Project results for the 79 random samples are presented in the following table.

Year	Sampled Members for Participating IPAs	Exclusions	Final Number of Sampled Members	Number of Flu Shots
2006	15,272	610	14,662	6,042
2007	15,381	273	15,108	7,005

In order to report an HMO Influenza Vaccination Network rate, data was collected from a sample of high risk members in the HMO network. The following table displays the details for the 2008 HMO Influenza Vaccination Network rate.

Year	Initial Sample	Total Number of Exclusions	Final Sample	# Members who had Flu Shots	Network Rate
2006 (2006-2007 Influenza Season)	450	18	432	219	51% (219/432)
2007 (2007-2008 Influenza Season)	444	16	428	187	44% (187/428)

Identified Barriers to Influenza Vaccination QI Fund Project:

Members:

- Member had difficulty getting an appointment
- Member was informed by their physician's office that influenza vaccination was not available
- Member thought that getting a flu shot might be unpleasant

Physicians:

- Members may get a flu shot from another source other than the PCP office. This makes documentation challenging and makes it difficult for the PCP to anticipate how much vaccine will be needed.
- Some practitioners may have hesitated to order an adequate supply of vaccine due to shortages in some previous flu seasons
- Some offices lack a systematic method to track preventive services

IPAs:

- IPAs may not have a process in place to assist practitioners in obtaining a supply of the vaccine
- IPAs may not require practitioners to obtain their own supply of influenza vaccine
- May not have a method to motivate their physicians to improve care
- IPAs may not reward their physicians based on performance

Healthcare System:

- Inconsistency in the annual supply of influenza vaccine may impact member and practitioner behavior and this may influence the influenza vaccination rate even after the vaccine shortage has been resolved

2008 BCBSIL Interventions Implemented to Address Identified Barriers:

Members:

- Mailed influenza vaccination reminders to 65,531 high risk members in October
- Provided online resources, including Personal Health Manager and Ask a Nurse

Physicians/IPAs:

- Made a QI Fund payment to IPAs with project results that met or exceeded established thresholds
- In September BCBSIL provided a list of high risk members to IPAs to facilitate outreach to members who would benefit from a flu shot
- Provided flu shot stickers, sample physician reminders, and “*Why You Should Consider Receiving A Flu Shot*” brochure to IPAs
- Published an article entitled “Influenza Vaccination Reminder” recommending flu shots for those at high risk for developing complications of influenza in the December issue of *BLUEREVIEW*, the provider newsletter
- Disseminated relevant influenza vaccination information from the CDC to the IPAs
- Held quarterly QI Forums and presented QI updates on the Influenza Vaccination QI Fund project and best practices in 3/08
- Conducted site visits to some of the IPAs to discuss opportunities to improve QI project performance
- Conducted one-on-one trainings for several IPAs at their facility or at BCBSIL

There was a seven percentage point drop in the 2007-2008 Network Influenza Vaccination rate when compared to the 2006-2007 Influenza Vaccination rate. The results suggest that the limited supply of influenza vaccine for the 2004-2005 flu seasons had adverse consequences on physician and member behaviors, impacting the 2006 and 2007 influenza vaccination rates. The Influenza Vaccination QI Fund Project will continue in 2009.